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DATE: December 9, 2005  
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#### CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Patent Application No. 10/719,997 filed on November 20, 2003 for Quinoliny and Benzothiazoly Modulators are being facsimile transmitted to the United States Patent and Trademark Office Central Facsimile number 571/273-8300 on the date shown below.

#### Documents Attached

1. Amendment and Response Under 37 CFR §1.111
2. Statement Under 35 U.S.C. §103(c)(2) – Japan Tobacco Inc.
3. Statement Under 35 U.S.C. §103 (c)(2) – Amgen Inc.
4. Change of Correspondence Address (PTO/SB/122 (04/05))
5. Fee Transmittal (2 copies)

Number of pages being transmitted, including this page: 24

Dated: December 9, 2005

  
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PTO/SB/17 (12-04v2)  
Approved for use through 07/31/2006. OMB 0551-0032  
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/719,997
		Filing Date	November 20, 2003
		First Named Inventor	McGee et al.
		Examiner Name	Seaman, D. Margaret
		Art Unit	1625
TOTAL AMOUNT OF PAYMENT (\$) 1020.00		Attorney Docket No.	018781-006330US (T00-014-3/US)

## METHOD OF PAYMENT (check all that apply)

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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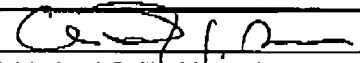
## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 3 month extension

Fees Paid (\$)

1,020.00

SUBMITTED BY		
Signature		Registration No. (Attorney/Agent) 40,179
Name (Print/Type)	Christopher J. Smith of Amgen Inc.	Telephone 650/244-2105
		Date 12/09/05

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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